

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED

2014 NOV -3 AM 11:41

FEC FORM 3

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

FRIENDS OF MATT MATSUNAGA - CONGRESS

ADDRESS (number and street)

1888 KALAKAUA AVENUE #3104



Check if different than previously reported. (ACC)

HONOLULU

H I

96815

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C 0 0 3 8 3 5 6 2

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

H I

0 2

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M

D D

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M

D D

Y Y Y Y

in the State of

5. Covering Period

0 7

0 1

2 0 1 4

through

0 9

3 0

2 0 1 4

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Calvin C. Ching

Signature of Treasurer

Calvin C. Ching

Date

1 0

2 1

2 0 1 4

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
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Only

FEC FORM 3
(Revised 02/2003)